

SENATE MOTION

MADAM PRESIDENT:

I move that Senate Bill 566 be amended to read as follows:

- 1 Page 1, between the enacting clause and line 1, begin a new
- 2 paragraph and insert:
- 3 "SECTION 1. IC 16-18-2-163 IS AMENDED TO READ AS
- 4 FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 163. (a) "Health care
- 5 provider", for purposes of IC 16-21 and IC 16-41, means any of the
- 6 following:
- 7 (1) An individual, a partnership, a corporation, a professional
- 8 corporation, a facility, or an institution licensed or legally
- 9 authorized by this state to provide health care or professional
- 10 services as a licensed physician, a psychiatric hospital, a hospital,
- 11 a health facility, an emergency ambulance service (IC 16-31-3),
- 12 a dentist, a registered or licensed practical nurse, a midwife, an
- 13 optometrist, a pharmacist, a podiatrist, a chiropractor, a physical
- 14 therapist, a respiratory care practitioner, an occupational
- 15 therapist, a psychologist, a paramedic, an emergency medical
- 16 technician, an emergency medical technician-basic advanced, an
- 17 emergency medical technician-intermediate, or a person who is
- 18 an officer, employee, or agent of the individual, partnership,
- 19 corporation, professional corporation, facility, or institution
- 20 acting in the course and scope of the person's employment.
- 21 (2) A college, university, or junior college that provides health
- 22 care to a student, a faculty member, or an employee, and the
- 23 governing board or a person who is an officer, employee, or
- 24 agent of the college, university, or junior college acting in the
- 25 course and scope of the person's employment.
- 26 (3) A blood bank, community mental health center, community
- 27 mental retardation center, community health center, or migrant
- 28 health center.
- 29 (4) A home health agency (as defined in IC 16-27-1-2).
- 30 (5) A health maintenance organization (as defined in
- 31 IC 27-13-1-19).
- 32 (6) A health care organization whose members, shareholders, or

1 partners are health care providers under subdivision (1).

2 (7) A corporation, partnership, or professional corporation not
3 otherwise qualified under this subsection that:

4 (A) provides health care as one (1) of the corporation's,
5 partnership's, or professional corporation's functions;

6 (B) is organized or registered under state law; and

7 (C) is determined to be eligible for coverage as a health care
8 provider under IC 34-18 for the corporation's, partnership's,
9 or professional corporation's health care function.

10 Coverage for a health care provider qualified under this subdivision is
11 limited to the health care provider's health care functions and does not
12 extend to other causes of action.

13 (b) "Health care provider", for purposes of IC 16-35, has the
14 meaning set forth in subsection (a). However, for purposes of IC 16-35,
15 the term also includes a health facility (as defined in section 167 of this
16 chapter).

17 (c) "Health care provider", for purposes of IC 16-36-5, means an
18 individual licensed or authorized by this state to provide health care or
19 professional services as:

20 (1) a licensed physician;

21 (2) a registered nurse;

22 (3) a licensed practical nurse;

23 (4) an advanced practice nurse;

24 (5) a licensed nurse midwife;

25 (6) a paramedic;

26 (7) an emergency medical technician;

27 (8) an emergency medical technician-basic advanced;

28 (9) an emergency medical technician-intermediate; or

29 (10) a first responder, as defined under IC 16-18-2-131.

30 The term includes an individual who is an employee or agent of a
31 health care provider acting in the course and scope of the individual's
32 employment.

33 (d) "Health care provider", for purposes of IC 16-40-3, means
34 any of the following:

35 (1) An individual, a partnership, a corporation, a
36 professional corporation, a facility, or an institution licensed
37 or authorized by the state to provide health care or
38 professional services as a licensed physician, a psychiatric
39 hospital, a hospital, a health facility, an emergency
40 ambulance service (IC 16-31-3), an ambulatory outpatient
41 surgical center, a dentist, an optometrist, a pharmacist, a
42 podiatrist, a chiropractor, a psychologist, or a person who is
43 an officer, employee, or agent of the individual, partnership,
44 corporation, professional corporation, facility, or institution
45 acting in the course and scope of the person's employment.

46 (2) A blood bank, laboratory, community mental health
47 center, community mental retardation center, community
48 health center, or migrant health center.

49 (3) A home health agency (as defined in IC 16-27-1-2).

50 (4) A health maintenance organization (as defined in
51 IC 27-13-1-19).

52 (5) A health care organization whose members, shareholders,

or partners are health care providers under subdivision (1).
 (6) A corporation, partnership, or professional corporation
 not otherwise specified in this subsection that:

- (A) provides health care as one (1) of the corporation's,
 partnership's, or professional corporation's functions;
- (B) is organized or registered under state law; and
- (C) is determined to be eligible for coverage as a health
 care provider under IC 34-18 for the corporation's,
 partnership's, or professional corporation's health care
 function.

(7) A person that is designated to maintain the records of a
 person described in subdivisions (1) through (6).

SECTION 2. IC 16-18-2-163.3 IS ADDED TO THE INDIANA
 CODE AS A NEW SECTION TO READ AS FOLLOWS
 [EFFECTIVE JULY 1, 2005]: **Sec. 163.3. "Health care quality
 indicator data", for purposes of IC 16-40-3, has the meaning set
 forth in IC 16-40-3-1.**

SECTION 3. IC 16-18-2-164.6 IS ADDED TO THE INDIANA
 CODE AS A NEW SECTION TO READ AS FOLLOWS
 [EFFECTIVE JULY 1, 2005]: **Sec. 164.6. "Health coverage
 provider", for purposes of IC 16-40-3, has the meaning set forth in
 IC 16-40-3-2.**

SECTION 4. IC 16-18-2-294.5 IS AMENDED TO READ AS
 FOLLOWS [EFFECTIVE JULY 1, 2005]: **Sec. 294.5. (a) "Program",
 for purposes of IC 16-40-3, has the meaning set forth in
 IC 16-40-3-3.**

**(b) "Program", for purposes of IC 16-47-1, has the meaning set
 forth in IC 16-47-1-3.**

SECTION 5. IC 16-40-3 IS ADDED TO THE INDIANA CODE
 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
 JULY 1, 2005]:

Chapter 3. Health Care Quality Indicator Data Program

**Sec. 1. As used in this chapter, "health care quality indicator
 data" means information concerning the provision of health care
 services that may be collected and used to measure and compare
 quality of health care services.**

**Sec. 2. As used in this chapter, "health coverage provider"
 means any of the following:**

- (1) An insurer (as defined in IC 27-1-2-3) that issues or
 delivers a policy of accident and sickness insurance (as
 defined in IC 27-8-5-1).**
- (2) A health maintenance organization (as defined in
 IC 27-13-1-19).**
- (3) The administrator of a program of self-insurance
 established, implemented, or maintained to provide coverage
 for health care services to the extent allowed by the federal
 Employee Retirement Income Security Act of 1974 (29 U.S.C.
 1001 et seq.).**
- (4) The state Medicaid program (IC 12-15).**
- (5) The children's health insurance program (IC 12-17.6).**

(6) The Indiana comprehensive health insurance association (IC 27-8-10).

(7) A person that is designated to maintain the records of a person described in subdivisions (1) through (6).

Sec. 3. As used in this chapter, "program" refers to the health care quality indicator data program developed and implemented under sections 4 and 5 of this chapter.

Sec. 4. (a) The state department shall, in compliance with state and federal law, develop a plan for a health care quality indicator data program. The plan shall be completed by December 31, 2006 and include the following:

(1) A list of health care quality indicators for which data will be collected concerning health care services provided to individuals who reside or receive health care services in Indiana. The state department shall seek the assistance of health coverage providers and health care providers in developing the list under this subdivision.

(2) A methodology for health care quality indicator data collection, analysis, distribution, and use.

(3) The inclusion of data concerning ethnicity and minority status, as allowed by the individuals about whom health care quality indicator data is collected.

(4) A methodology to provide for a case mix system or other scientific criteria to develop and adjust health quality indicators, including infection rates, that may be affected by risks and variables.

Sec. 5. The state department of health is authorized to develop and implement a health care quality indicator program as provided for in this chapter and to include the following:

(1) Criteria listed under section 4 of this chapter.

(2) Health care quality indicator data collected from a health coverage provider or health care provider under this chapter must be obtainable from electronic records developed and maintained in the health coverage provider's or health care provider's ordinary course of business.

(3) Health coverage providers and health care providers are not required to establish or amend medical record systems or other systems to conform to the program.

Sec. 6. The following shall comply with the data collection requirements of the program:

(1) A health coverage provider.

(2) A health care provider.

(3) An out-of-state health coverage provider that:

(A) provides health coverage;

(B) administers health coverage provided; or

(C) maintains records concerning health coverage provided;

to an individual who resides or receives health care services in Indiana.

(4) An out-of-state health care provider that:

- 1 (A) provides health care services; or
- 2 (B) maintains records concerning health care services
- 3 provided;
- 4 to an individual who resides or receives health care services
- 5 in Indiana.

6 **Sec. 7. Health care quality indicator data and other**
 7 **information collected under this chapter, or resulting from the**
 8 **program, from which the identity of a person, including:**

- 9 (1) an individual;
- 10 (2) a health coverage provider; or
- 11 (3) a health care provider;

12 **may be ascertained is confidential and, unless otherwise specified**
 13 **under state or federal law, may not be released to any person**
 14 **without the written consent of the identified person.**

15 **Sec. 8. Financial information that:**

- 16 (1) is collected under this chapter; or
- 17 (2) results from the program;

18 **is confidential.**

19 **Sec. 9. The state department shall adopt rules under IC 4-22-2**
 20 **to implement this chapter."**

21 Renumber all SECTIONS consecutively.
 (Reference is to SB 566 as printed February 25, 2005.)

Senator DILLON